

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>390065</b>	(X2) MULTIPLE CONSTRUCTION:  A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED:  <b>07/27/2023</b>
NAME OF PROVIDER OR SUPPLIER: <b>WELLSPAN GETTYSBURG HOSPITAL</b>  STATE LICENSE NUMBER: <b>01300100</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>147 GETTYS STREET</b> <b>PO BOX 3786</b> <b>GETTYSBURG, PA 17325</b>			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
P 0000	INITIAL COMMENT	P 0000			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE: _____ (X6) DATE: _____					

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P 0000	Continued from page 1  This report is the result of an attestation validation survey conducted on July 27, 2023, at Wellspan Gettysburg Hospital. Facility attestations for the following were reviewed:  Wellspan Gettysburg Hospital Event ID XJH411  New Equipment: Glidescope beginning August 12, 2022 Event ID: 80CY11  New Equipment: Space OAR Hydrogel/Vue beginning March 20, 2023 Event ID; TUL011  New Equipment; Jaundice Mete Bilirubinometer beginning February 24, 2023 Event ID; 6SPZ11  New Equipment: Bird Sentry 2 oxygen analyzer and blender beginning June 1, 2023 Event ID: VMUB11	P 0000			

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P 0000	Continued from page 2  New Equipment CooperSurgical Fetal Pillow beginning May 20, 2023 Event ID: 8SJF11  New Service Peripheral Arterial Angioplasty beginning May 20, 2023 Event ID; TTJC11  It was determined the facility was in compliance with the applicable requirements of the Pennsylvania Department of Health ' s Rules and Regulations for Hospitals, 28 Pa Code, Part IV, Subparts A and B, November 1987, as amended June 1998.	P 0000			



# Certified End Page

**WELLSPAN GETTYSBURG HOSPITAL**

**STATE LICENSE NUMBER: 01300100**

**SURVEY EXIT DATE: 07/27/2023**

**I Certify This Document to be a True and Correct Statement of Deficiencies and  
Approved Facility Plan of Correction for the Above-Identified Facility Survey**

A handwritten signature in black ink that reads "Jeane Parisi".

*Jeane Parisi*  
*Deputy Secretary for Quality Assurance*

A handwritten signature in black ink that reads "Debra L. Bogen MD".

*Debra L. Bogen, MD, FAAP*  
*Acting Secretary of Health*



THIS IS A CERTIFICATION PAGE

**PLEASE DO NOT DETACH**

THIS PAGE IS NOW PART OF THIS SURVEY